

Initial Application Date: 9-17-10

Application # 1050025230

CU \_\_\_\_\_

**COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION**

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org

LANDOWNER: Evon Par Parr LLC Mailing Address: 7206 NC 210 N.

City: Angier State: NC Zip: 27501 Home #: \_\_\_\_\_ Contact #: 9194227065

APPLICANT: Hugh Surles Bidler Mailing Address: SAME AS ABOVE

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home #: \_\_\_\_\_ Contact #: \_\_\_\_\_

\*Please fill out applicant information if different than landowner  
CONTACT NAME APPLYING IN OFFICE: Hugh Surles Phone #: 919 422 7065

PROPERTY LOCATION: Subdivision: Walnut Grove Lot #: 13 Lot Size: .90

State Road #: 2046 State Road Name: Lasater Map Book & Page: 2008, 737

Parcel: 00525 0062 22 PIN: 0525-97-5385, 000

Zoning: RA20B Flood Zone: X Watershed: NA Deed Book & Page: 02497, 0479

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:  
210 South 10 miles Left on Lasater Rd. Walnut Grove 05 on Left

- PROPOSED USE:
- SFD (Size 45 x 56) # Bedrooms 3 # Baths 2.5 Basement (w/w/o bath) \_\_\_\_\_ Garage  Deck  Crawl Space / Slab
  - Mod (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms \_\_\_\_\_ # Baths \_\_\_\_\_ Basement (w/w/o bath) \_\_\_\_\_ Garage \_\_\_\_\_ Site Built Deck \_\_\_\_\_ ON Frame / OFF
  - Duplex No. Buildings \_\_\_\_\_ No. Bedrooms/Unit \_\_\_\_\_
  - Manufactured Home: \_\_\_\_\_ SW \_\_\_\_\_ DW \_\_\_\_\_ TW (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms \_\_\_\_\_ Garage \_\_\_\_\_ (site built? \_\_\_\_\_) Deck \_\_\_\_\_ (site built? \_\_\_\_\_)
  - Home Occupation # Rooms \_\_\_\_\_ Use \_\_\_\_\_ Hours of Operation: \_\_\_\_\_ #Employees \_\_\_\_\_
  - Addition/Accessory/Other (Size \_\_\_\_\_ x \_\_\_\_\_) Use \_\_\_\_\_ Closets in addition(\_\_\_\_)yes (\_\_\_\_)no

Water Supply:  County ( ) Well (No. dwellings \_\_\_\_\_) **MUST have operable water before final**

Sewage Supply: ( ) New Septic Tank (Complete **New Tank Checklist**) ( ) Existing Septic Tank ( ) County Sewer

Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? ( ) YES ( ) NO

Structures (existing or proposed): Single family dwellings \_\_\_\_\_ Manufactured Homes \_\_\_\_\_ Other (specify) \_\_\_\_\_

Comments: \_\_\_\_\_

**Required Residential Property Line Setbacks:**

|                              |         |           |        |            |
|------------------------------|---------|-----------|--------|------------|
| Front                        | Minimum | <u>35</u> | Actual | <u>45</u>  |
| Rear                         |         | <u>25</u> |        | <u>355</u> |
| Closest Side                 |         | <u>10</u> |        | <u>17</u>  |
| Sidestreet/corner lot        |         | _____     |        | _____      |
| Nearest Building on same lot |         | _____     |        | _____      |

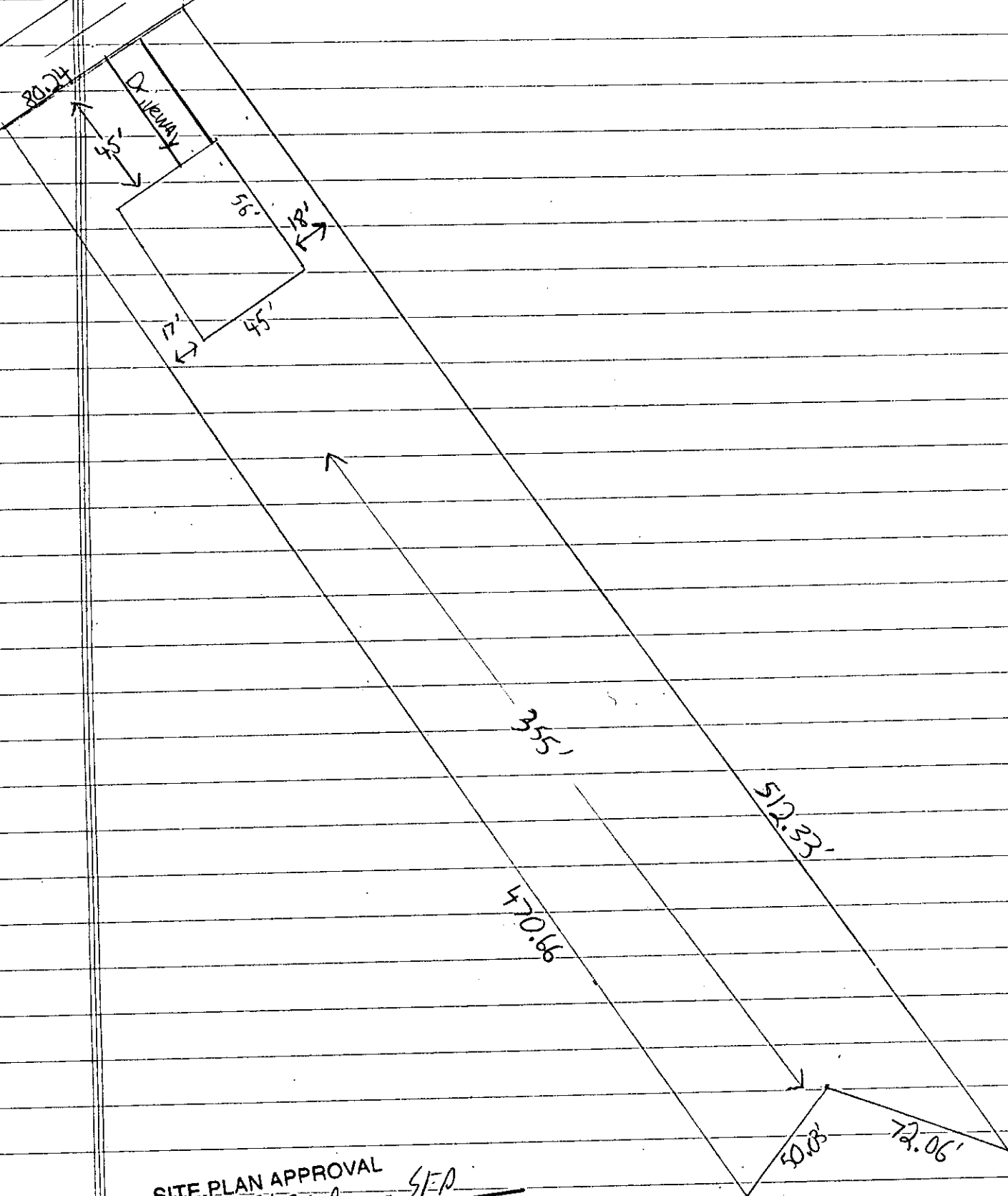
If permits are granted, I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Signature of Owner or Owner's Agent \_\_\_\_\_ Date 9/16/10

**\*\*This application expires 6 months from the initial date if no permits have been issued\*\***

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION  
Please use Blue or Black Ink ONLY

Lot 13 Walnut Grove



SITE PLAN APPROVAL  
DISTRICT RAZOR USE SFP  
#BEDROOMS 3  
9-20-10  
Date

V.C. [Signature]  
Zoning Administrator

Scale = 1" = 50'

OWNER NAME: \_\_\_\_\_

APPLICATION #: \_\_\_\_\_

\*This application to be filled out only when applying for a new septic system.\*

**County Health Department Application for Improvement Permit and/or Authorization to Construct**

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)

**DEVELOPMENT INFORMATION**

- New single family residence
- Expansion of existing system
- Repair to malfunctioning sewage disposal system
- Non-residential type of structure

**WATER SUPPLY**

- New well
- Existing well
- Community well
- Public water
- Spring

Are there any existing wells, springs, or existing waterlines on this property?

yes  no  unknown

**SEPTIC**

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- Accepted  Innovative
- Alternative  Other \_\_\_\_\_
- Conventional  Any

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant must attach supporting documentation.

- YES  NO Does the site contain any Jurisdictional Wetlands?
- YES  NO Does the site contain any existing Wastewater Systems?
- YES  NO Is any wastewater going to be generated on the site other than domestic sewage?
- YES  NO Is the site subject to approval by any other Public Agency?
- YES  NO Are there any easements or Right of Ways on this property?
- YES  NO Does the site contain any existing water, cable, phone or underground electric lines?

If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.

\_\_\_\_\_  
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

9/16/10  
\_\_\_\_\_  
DATE